BEST AVAILABLE COPY

Effective October 1, 2000														
		mn 2)		SMALL TYPE	ENTI	ΓY	OR	OTHER						
TOTAL CLAIMS			(Column 1)					RATE		EΕ		RATE	FEE	
FOR 1000			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 35	55.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			30 minus 20=		. 10			X\$ 9=		10	OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		· 4			X40=				X80=	_	
II		DENT CLAIM P									OR			
<u> </u>		! Ab	so than zero, aptor "f		O" in column 2		+135=			OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	١	ЩÇ	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY (OTHER THAN OR SMALL ENTITY		
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO		PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE	
DME	Total ******			· 3		= 0	X\$ 9=		=		OR	X\$18=		
WE WE	Independent • 3		Minus ***		3:	= 2		X40=			OR	X80=		
		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. -		OR	+270=		
								+135= TOTA	AL -	2		TOTAL		
			ADDIT. F	EE <u>L_7</u>		JO	ADDIT. FEE							
AMENOMENT B	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIC PAID		BER DUSLY	ST ER PRESENT USLY EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=	,		OR	X\$18=		
	Independent	•	Minus	•••		=		X40=			OR	X80=		
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	:		OR	+270=		
İ											OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=		X\$ 9=	:		OR	X\$18=		
ME	Independent	•	Minus	•••		=	1	X40=			OR	X80=		
匚	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN'	CLAIM		J	+135=	_			+270=		
۱.	If the entry in colu	mn 1 is less than t	he entry in col	.mn 2, writ	e "0" in co	ilumn 3.		+135= TOT			OR	TOTAL		
:	If the "Highest Nu	mber Previously P Imber Previously P Inber Previously Pa	aid For" IN TH	IS SPACE	is less tha	ın 20, enter "20. an 3. enter "3."		ADDIT. F	EE	riate bo	OR x in co	ADDIT. FEE		

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Application or Docket Number